STATE OF MISSOURI SS COUNTY OF OSAGE

AFFIDAVIT OF CUSTODIAN PURSUANT TO SECTION 490.692 RSMO

Before me, the undersigned authority, personally appeared Dedie Troesser, who stated as follows

My name is Dedie Troesser I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am a Custodian of Records of the Missouri Division of Probation and Parole Attached hereto are 1 page of records from the Missouri Division of Probation and Parole pertaining to Request for or Waiver of Preliminary Hearing. These records are kept in the regular course of business, and it was in the regular course of business for an employee or representative with knowledge of the act, event, condition, opinion or diagnosis recorded to make the record or to transmit information thereof to be included in such record, and the record was made at or near the time of the act, event, condition, opinion, or diagnosis. The records attached hereto are exact duplicates of the original.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal this 24th day of October, 2019

Commission expires: 12.5-1010

DEBORAH L. VANCE
Notary Public - Notary Seal
STATE OF MISSOURI
County of Callaway
My Commission Expires 12/5/2020
Commission # 1/25/24108

REQUEST FOR OR WAIVER OF PRELIMINARY HEARING

CLIENT NAME	DOC NU	MBER	DATE	
NOTICE OF RIGHT TO COUNSEL AT A	PRELIMINARY HEARING			
You have a right to a preliminary hearing receive written notice of the hearing and it				
If you are on Probation for a Missouri case eligibility.	and cannot afford counsel	l, you may tell the judge	e you would like counsel and the co	ourt will determine your
If you are on Missouri Parole, Conditional and Parole Officer that you would like con explanation for the denial.	release or an Interstate Pr unsel and they will screen y	robation or Parole case you for eligibility. If you	e, and cannot afford counsel, you r r request for counsel is denied, yo	nay tell your Probation u will receive a written
You may also decide to waive your right to	counsel.			
I will provide my own counsel	client's initials,			
Request I be screened for eligibility to I	nave counsel represent m	e at the preliminary he	paring client's initials,	OR
Request to waive right to counsel		•		
CLIENT'S REQUEST/WAIVER OF PREL	MINARY HEARING:			
Having been fully informed and having full	knowledge of these rights it	n the aforementioned s	ection, I do hereby,	
☐ WAIVE a preliminary hearing	Client's Initials			
☐ REQUEST a preliminary hearing	Client's Initials			
INTERSTATE CASES: Clients must sign		to waive their hearing		
INTERSTATE CLIENT STATEMENT:		to meno enem mening.		
I	admit to violating all or com	ne of the below listed as	anditions of my supervision by:	
VIOLATION(S) The charges brought against you consist	of the following violation(s) of	of the conditions of you	r probation, parole or conditional re	elease:
CLIENT SIGNATURE	DATE	WITNESS SIGNATUR	RE	DATE
	NOTICE OF BE	RELIMINARY HEAR	ING	
THIS IS TO INFORM YOU, THAT AT YOU			DATE	
TIME	LOCATION			
CLIENT SIGNATURE	DATE	WITNESS SIGNATURE DATE		DATE
CLIENT PRIVATE COUNSEL OR APPOINTED COUNS	SL (IF ELIGIBLE):			
HEARING OFFICER:				